

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**UTILITY
PATENT APPLICATION
TRANSMITTAL**(Fee for new nonprovisional applications under
37 C.F.R. § 1.53(b))

Attorney Docket No.

706718US1

First Inventor or
Application Identifier

Susan Legault and Charlene Gasparovich

Title Method For Performing A Failure Mode And Effects Analysis

Express Mail Label No.

EV026309390US as deposited on: 1/12/04

APPLICATION ELEMENTSSee MPEP Chapter 600 concerning utility patent
application contents.

ADDRESS TO: MS Patent Application

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

1. ☒ *Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)5. ☐ Microfiche Computer Program (Appendix)2. ☒ Specification [Total Pages 21]

- (preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed Sponsored R&D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claims(s)
 - Abstract of the Disclosure

6. Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all necessary)

- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

2A. ☐ Preliminary Amendment: Please insert the following
sentence prior to the first line of the application: This application
claims the benefit of U.S. Provisional Application Serial No.
_____, filed _____.

3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 9]4. Oath or Declaration [Total Pages 2]

- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63 (d))
(for continuation/divisional with Box 16 completed)

i. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s)
Named in the prior application, see 37 C.F.R.
§ 1.63(d)(2) and 1.33 (b).

*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS
REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR
APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ACCOMPANYING APPLICATION PARTS7. ☐ Assignment Papers (cover sheet & document(s))8. ☐ 37 C.F.R. § 3.37(b) Statement ☐ Power of
(when there is an assignee) Attorney9. ☐ English Translation Document (if applicable)10. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations11. ☐ Preliminary Amendment12. ☒ Return Receipt Postcard MPEP 503)13. ☐ Statement (s) ☐ Statement filed in prior
(PTO/SB/09-12) application, Status still proper
and desired14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)15. ☐ Other:

16. If a **CONTINUING APPLICATION**, Check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) ☐ Claims Benefit of Provisional Application of prior application No. _____

Prior application information: Filing Date: _____ Examiner: _____

FOR CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under
Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The
incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label **24938**or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Ralph E. Smith				
	DaimlerChrysler Intellectual Capital Corporation				
Address	CIMS 483-02-19				
	800 Chrysler Drive				
City	Auburn Hills	State	Michigan	Zip Code	48326-2757
Country	United States	Telephone	(248) 944-6519	Fax	(248) 944-6537

Name (Print or Type)	Ralph E. Smith	Registration No.	35,474
Signature	<i>Ralph E. Smith</i>	Date	1/09/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any
comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office,
Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box
Patent Application, Washington, D.C. 20231.

22264 U.S. PTO
10/755798

011204

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

For FY 2001

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$)**788**

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Susan Legault
Examiner Name	
Group / Art Unit	
Attorney Docket No.	706718US1

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **03-1800**
Deposit Account Name **DaimlerChrysler Intellectual Capital Corporation**

- ☒ Charge Any Additional Fee Required Under
37 CFR 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					770

2. EXTRA CLAIM FEES

Total Claims	Extra Claim	Fee from below	Fee Paid
21	-20** = 1	18	18
Independent Claims	2	- 3** = 0	0
Multiple Dependent		290	0

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**18**

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge-late filing fee or oath	
127	50	227	25	Surcharge-late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for examination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive – unavoidable	
141	1,240	241	620	Petition to revive – unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Discl. Stmt.	
581	40	581	40	Recording of each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (34 CFR 1.129(b))	
Other fee (specify) _____					
Other fee (specify) _____					

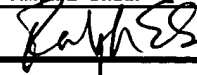
* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)**0**

SUBMITTED BY

Typed or Printed Name

Ralph E. Smith

Signature



Date

1/09/04

Complete (if applicable)

Reg. Number

35,474

Deposit Account User ID